PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) OR (Column 2) SMALL ENTITY ÆOR Ì NUNDER FRIED NUMBER EXTRA RATE RATE FEE BASIC FEE s 385.00 (37 CFR 1.16(a)) s7700 OR TOTAL CLAIMS (37 CFR 1.16(c)) $\times s 18P =$ minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) x \$ 86.P= minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + \$290,= OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY **CLAIMS HIGHEST** REMAINING NUMBER PRESENT RATE **ADDI-**ENT RATE **ADDI** AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE ENDME Total Minus xs 9 (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) x \$ 86 = **OR** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST PRESENT** REMAINING NUMBER RATE ADD1-RATE **ADDF** ENT **AFTER PREVIOUSLY EXTRA**: TIONAL TIONAL **AMENDMENT** PAID FOR FEE LEE. Total Minus (37 CFR 1;16(c))* \times \$/() OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) **OR** TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST REMAINING **PRESENT** NUMBER **RATE** ADDI-RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL Z W -TIONAL AMENDMENT FEE FEE Total ≥ Minus (37 CFR 1.16(c)) END X \$ OR Independent Minus -----(37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) .OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X40= OR X80=	

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